


<b>Issue Classification</b> 	<b>Application/Control No.</b> 10/752,793	<b>Applicant(s)/Patent under Reexamination</b> CARLONE ET AL.
	<b>Examiner</b> David T. Fox	<b>Art Unit</b> 1638

ISSUE CLASSIFICATION																																											
ORIGINAL					INTERNATIONAL CLASSIFICATION																																						
CLASS		SUBCLASS			CLAIMED					NON-CLAIMED																																	
800		320.1			A	01	H	5	/00				/																														
<b>CROSS REFERENCES</b> <table border="1"> <tr> <th>CLASS</th> <th colspan="4">SUBCLASS (ONE SUBCLASS PER BLOCK)</th> </tr> <tr> <td>800</td> <td>267</td> <td>275</td> <td>279</td> <td>284</td> </tr> <tr> <td></td> <td>300.1</td> <td>302</td> <td>303</td> <td>278</td> </tr> <tr> <td>435</td> <td>412</td> <td>424</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				800	267	275	279	284		300.1	302	303	278	435	412	424																5	/10				/
					CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)																																					
800	267	275	279	284																																							
	300.1	302	303	278																																							
435	412	424																																									
								1	/00				/																														
								1	/02				/																														
					C	12	N	5	/04				/																														
									/				/																														
									/				/																														

<b>NONE</b> (Assistant Examiner) (Date)		<b>DAVID T. FOX</b> <b>PRIMARY EXAMINER</b> <b>GROUP 180-1638</b> (Primary Examiner) (Date)		<b>Total Claims Allowed: 28</b>	
<i>10/1/06</i> (Legal Instruments Examiner) (Date)		<i>9/1/06</i>		O.G. Print Claim(s) 1	
				O.G. Print Fig. NONE	

<input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b>														<input type="checkbox"/> <b>CPA</b>		<input type="checkbox"/> <b>T.D.</b>		<input type="checkbox"/> <b>R.1.47</b>	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original				
1	1		31		61		91		121		151		181		211				
2	2		32		62		92		122		152		182		212				
3	3		33		63		93		123		153		183		213				
4	4		34		64		94		124		154		184		214				
5	5		35		65		95		125		155		185		215				
6	6		36		66		96		126		156		186		216				
7	7		37		67		97		127		157		187		217				
8	8		38		68		98		128		158		188		218				
9	9		39		69		99		129		159		189		219				
10	10		40		70		100		130		160		190		220				
11	11		41		71		101		131		161		191		221				
12	12		42		72		102		132		162		192		222				
13	13		43		73		103		133		163		193		223				
14	14		44		74		104		134		164		194		224				
15	15		45		75		105		135		165		195		225				
	16		46		76		106		136		166		196		226				
16	17		47		77		107		137		167		197		227				
17	18		48		78		108		138		168		198		228				
18	19		49		79		109		139		169		199		229				
19	20		50		80		110		140		170		200		230				
20	21		51		81		111		141		171		201		231				
21	22		52		82		112		142		172		202		232				
22	23		53		83		113		143		173		203		233				
23	24		54		84		114		144		174		204		234				
24	25		55		85		115		145		175		205		235				
25	26		56		86		116		146		176		206		236				
26	27		57		87		117		147		177		207		237				
27	28		58		88		118		148		178		208		238				
28	29		59		89		119		149		179		209		239				
	30		60		90		120		150		180		210		240				